**Performance**

**Report**

**1800 951 822**

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| Name: | Southern Migrant Community Services |
| Commission ID: | 300024 |
| Address: | 39 Clow Street, DANDENONG, Victoria, 3175 |
| Activity type: | Quality Audit |
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| Performance report date: | 26 February 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8594 South Eastern Region Migrant Resource Centre Inc  
Service: 25881 South Eastern Region Migrant Resource Centre Inc - Care Relationships and Carer Support  
Service: 25335 South Eastern Region Migrant Resource Centre Inc - Community and Home Support

**This performance report**

This performance report for Southern Migrant Community Services (**the service**) has been prepared by K Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

The provider did not submit a response to the Quality Audit report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed consumers are treated with dignity and respect. Staff demonstrated an appreciation of each consumer’s individual identity, culture and diversity and spoke respectfully about consumers. Management described how the service promotes consumer dignity and respect through person-centred care. Documentation showed each consumer’s culture, identity and diversity is recorded, to provide guidance to staff to ensure consumers are treated with dignity and respect. Staff were observed interacting with consumers respectfully.

Consumers and representatives confirmed staff know what is important to the consumer and the consumer receives safe services. Staff described how they deliver culturally safe services for consumers by respecting the consumer’s background and cultural preferences when allocating direct care workers and providing services in line with the consumer’s preferences. Management described how the service’s linguistically diverse workforce supports consumers from various linguistic and cultural backgrounds. Documentation showed care plans include each consumer’s cultural needs and preferences.

Consumers and representatives confirmed consumers make their own decisions about their services, and consumers reported feeling supported to make decisions and involve others if they choose to. Staff described how consumers are supported to exercise choice within the social support groups about days and times for provided services and in which activities the consumer wishes to participate. Management confirmed consumers are supported with their choices and described how the consumer’s needs and choices are communicated to those who are delivering services. Documentation reflected consumer input regarding choices and decisions about their care and services and their social and family connections.

Consumers and representatives confirmed risks are discussed and the service supports the consumers to take identified risks to live the best life they can. Staff showed awareness and understanding of dignity of risk principles and described support and assistance measures to ensure consumers are as safe as possible. Documentation showed risks are identified and discussed and strategies are developed to mitigate the identified risks. The service has policies, procedures and forms to address choice, independence, dignity of risk and risk management.

Consumers confirmed they receive information from the service which is easy to understand and helps them to make decisions. Staff described how they support consumers to understand information provided, including verbally explaining information for consumers with low vision. Management described the process for making follow up phone calls to consumers where invoice payments are outstanding. Documentation showed information provided to consumers is clear and comprehensive, including the itemised monthly statements.

Consumers and representatives stated the service maintains the consumer’s privacy and confidentiality. Staff and management described the systems in place to protect consumer information, including obtaining consent to share information, using a secure electronic system to manage consumer information and having procedures to guide staff in handling consumer information. Consumer documentation was observed to be kept secure.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Management and staff described the assessment and planning processes used by the service, which include consideration of risk. Documentation showed onboarding, assessment and re-assessment tools and practices are thorough, comprehensive and fit for purpose to inform the delivery of safe and effective care.

Consumers and representatives confirmed the consumer’s goals, needs and preferences are identified through assessment and planning processes and considered in service planning and delivery. Staff and management described how the services provided for consumers are designed to address the consumer’s assessed needs, goals and preferences. Although the consumer cohort is not generally in the phase of life where end of life or advance care planning is required, management advised the service has engaged external providers to conduct information sessions for consumers about advance care planning. Documentation showed assessment tools used by the service gather information about consumer needs, goals and preferences, and this information is used to develop and provide services for consumers.

Consumers and representatives confirmed they are involved in assessment and planning processes where they wish to be involved. Management and staff described how the service involves consumers, representatives and others involved in the care of consumers in assessment and planning. Documentation showed the service documents consultation with consumers and representatives.

Consumers confirmed they are involved in care planning and receive updated copies of their care plans each year. Staff confirmed they have access to care plan documentation to guide the services provided for consumers. Management and staff discussed how assessment and planning is undertaken in consultation with consumers and representatives, ensuring details of care provided are understood and agreed. Documentation showed evidence of consumers and representatives provided with outcomes of assessment and planning processes.

Consumers and representatives confirmed consumers’ care and services are reviewed regularly. Staff and management stated services are reviewed annually and more regularly when circumstances/conditions change. Documentation showed annual reviews occur consistently and additional reviews occur when the consumer’s circumstances or condition changes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not Applicable |

Findings

This Quality Standard was not assessed as the organisation does not provide personal care or clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives stated the service listens to the consumer and provides the services and supports the consumer needs to support them to remain independent. Staff described how they support consumer independence, health and well-being through providing support to access community events and social support services. Management described how the service conducts assessment and care planning regularly to ensure the care and supports provided optimise the consumer’s independence and quality of life. Documentation showed each consumer’s needs and goals are assessed and documented and services are provided to maintain the consumer’s independence and quality of life.

Consumers confirmed services and supports received promote emotional, spiritual and psychological well-being. Staff described how they support consumers who are feeling low, including taking time to discuss any concerns. Staff stated they report any concerns to management and follow the organisation’s policies and procedures including documentation and referral processes. Documentation showed the person-centred care policy and assessment and planning policy form contains questions designed to help the service identify the consumer’s unique emotional, spiritual and psychological needs and this information is used to plan the services and supports that promote consumer well-being.

Consumers and representatives explained how the services provided help them to do things that are meaningful to them and stay involved in the community. Staff described how social support group activities assist consumers to keep socially and physically active. Management described how staff identify consumer interests and plan programmes and activities to meet these interests. Documentation showed each consumer’s interests, likes, preferences and goals are recorded, along with actions to support the consumer to achieve these.

Consumers and representatives confirmed they are comfortable talking with staff if the consumer wants any changes to their services and staff know what needs to be done to support the consumer. Staff explained they have access to updated consumer information in care plans and alerts and changes are discussed in meetings. Management described how staff have access to an electronic consumer management system which contains current consumer information, and the service holds regular meetings to communicate information securely and care plans are updated as required. Documentation showed care planning and reassessment is completed annually and developed in consultation with the consumer and representative and changes are communicated and agreed.

Consumers and representatives confirmed consumers have been referred to allied health professionals and other services when needed. Staff described the process for obtaining consent to share consumer information when referring consumers to both internal and external services and supports. Management explained how the key component of the special support service is referrals and linkages of consumers into ongoing support services. Documentation showed the service has a policy on assessment and planning which includes a procedure to guide staff in making and supporting each consumer with referrals and how the information is to be documented in file and care notes.

Consumers and representatives confirmed consumers receive food of suitable quality and quantity and the meals meet the consumer’s likes, dislikes, allergies and dietary requirements. Staff stated they check in with consumers, seek feedback and monitor meals provided to ensure they are suitable for consumers. Management confirmed the service completes a food survey and staff will also receive verbal feedback on the day of the meal service. Documentation showed the service consistently records consumer food allergies, likes and dislikes and the kitchen at the social support group maintains a list of consumer food requirements including likes, dislikes, allergies and any special dietary requirements.

Management advised vehicles used for consumer transport are regularly serviced and maintained. Staff who drive the buses complete a daily checklist and daily logbook. Any issues are reported to the care coordinator who follows processes to have the issues addressed. The service also has daily cleaning schedules for the vehicles**.**

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers confirmed the service environment is welcoming and discussed how they feel like they belong and look forward to attending the social support group and respite day centre. The service environment was observed to be welcoming, with consumers observed participating in group activities and easily using the various service environment areas. Rooms at the service are clearly labelled.

Consumers and representatives confirmed the service environment is safe, clean and comfortable, with staff available for assistance if needed. Staff described the processes for reporting maintenance issues. Staff discussed how consumers can freely move within the service environment, including outside areas. Management described the processes in place to support consumers at risk of falling to access all areas of the service environment, including ensuring staff are available to supervise the consumer. Documentation showed the service has a cleaning register and checklist used by staff to ensure the service environment is kept clean and well maintained.

Consumers expressed satisfaction with the suitability, cleanliness and maintenance of the furniture, fittings and equipment. Staff described the processes to ensure furniture meets the consumers’ needs, including liaising with the venue about maintenance and cleaning schedules. Management described the daily cleaning processes used to ensure the furniture and equipment is clean and suitable for the consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised they know how to provide feedback and make complaints. Staff stated they regularly seek feedback from consumers and staff are provided training on how to receive and document feedback and complaints in the complaints and feedback register. Management stated all consumers receive a welcome pack which includes information about how to provide feedback including within the service and through external mechanisms. Documentation showed the service uses a feedback and complaints register with a supporting policy and procedure to guide staff in responding to feedback and escalating concerns.

Consumers and representatives confirmed they can raise concerns and have been provided with information about how to access advocates, language services and other methods for raising and resolving complaints. Staff stated interpreter services are used during initial assessments if required to ensure consumers understand the process and the service maintains a list of consumers who require interpreters. Management discussed the processes the service has in place to support consumers with translation and interpreter services and advised the handbook is translated into 11 languages to support the consumer cohort. Documentation showed the consumer handbook contains information on interpreter services and internal and external complaint mechanisms.

Consumers and representatives indicated confidence the service would take appropriate action if a concern/complaint is raised and described how the service is prompt when responding to complaints and keeps the consumer informed of progress and actions taken to address the complaint. Staff described how open disclosure is used in relation to feedback and complaints. Management described the open disclosure policy and procedure which is used to action a complaint, through investigation, consultation and the resolution process, using an electronic complaints management system. Documentation showed staff receive open disclosure training.

Consumers and representatives expressed satisfaction with how the service makes changes based on feedback. Staff confirmed feedback and complaints lead to improvements in the quality of services, with feedback and complaints and resolutions discussed at staff meetings. Management discussed how feedback is reviewed to improve the quality of care and services, providing examples of changes made based on feedback received.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed staff are punctual and consumers are notified when there are changes to services. Management described the processes used by the service to determine the number and mix of staff required to meet consumer needs. Rosters are planned and informed by consumer needs and preferences. The service has workforce planning policies and procedures to support the service to review workforce and budgets to determine appropriate numbers and mix of staff.

Consumers and representatives stated staff know what they are doing, treat consumers with dignity and respect and are caring and respectful of the consumer’s identity, culture and diversity. Staff described how they provide care and services for consumers in a kind and respectful manner, and how the consumer’s culture and diversity is respected. Management described the service’s focus on ensuring staff meet the organisation’s values encompassing respect and support. Documentation showed consumers have provided positive feedback about feeling safe and respected.

Consumers and representatives confirmed staff are competent in their roles. Staff stated the service ensures police checks and vaccination requirements are met and staff complete regular competency requirements including first aid and mandatory training. Management advised all staff have a relevant position description which documents the mandatory qualifications, competencies, roles and responsibilities required for the position and the service has processes in place to monitor staff competencies relevant to their roles. Training is provided and monitored to ensure staff complete all training relevant to their role.

Consumers and representatives expressed confidence in the ability of members of the workforce who deliver the consumer’s care and services and that staff receive appropriate training. Staff described being supported in their role, completing mandatory training and participating in additional training identified through training needs analyses and performance conversations. Management described the organisation’s induction and orientation processes all staff must complete to support them in their role. Management described the service’s recruitment guidelines, including interviews and qualifications and probity checks prior to employing staff.

Consumers and representatives expressed satisfaction with staff performance and advised the service encourages feedback on staff performance. Staff stated regular performance discussions with management occur, including identifying additional training requirements. Management described the staff performance processes used by the service, including annual formal performance discussions, monthly reviews through support meetings and formal supervision. Management confirmed these processes are used to monitor the strength and skills of staff and to identify development and training needs. Documentation confirmed staff complete performance reviews with management regularly and the service has processes to monitor the staff performance review schedule.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable |

Findings

Consumers and representatives confirmed consumers are engaged in the development, delivery and evaluation of services, through surveys and talking with management and staff. Management discussed how consumers and representatives are engaged in the planning, delivery and evaluation of care and services through formal processes, including through a consumer advisory group which meets regularly, surveys, feedback forms, regular contact with consumers and through risk management and feedback systems. Documentation confirmed the service’s consumer advisory group provides feedback which assists the service to evaluate and develop care and services, with examples of service improvements identified.

Management discussed how the organisation’s governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers. The governing body has several subcommittees including financial and risk management, strategic planning, consumer advisory committee and carers advisory committee. The governing body and subcommittees regularly receive and consider a range of reports and briefings including operational reports, finance reports and relevant reviews of organisational documents. These reports assist the governing body to monitor service delivery and provide specific guidance to promote safe and effective quality care and services.

There are organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. Information management systems ensure consumer information is stored securely and can be accessed by relevant staff, with information privacy policies in place. Continuous improvement opportunities are identified through internal and external audits, complaints, feedback, staff suggestions, surveys and incidents. There are financial governance processes in place to ensure the service’s financial position and to communicate cost changes with consumers. The workforce governance systems include recruitment processes and staff training. The service has processes to ensure it maintains regulatory compliance, including membership of an aged care peak body and subscriptions to various government notifications. Feedback and complaints systems are used by the service, with policy and processes in place to guide management and staff in open disclosure principles.

The organisation has effective risk management systems and processes in place to manage high impact and high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents. Staff demonstrated knowledge of consumers and their risks and vulnerabilities and described the processes for reporting abuse and neglect and incidents. Management discussed the program risk assessment for each program run by the service and explained the risk management framework and plan which is available to guide staff and management. Staff have received training in incident reporting and the service has an incident management system used by management to investigate and respond to incidents to prevent reoccurrence.

The service does not provide personal care or clinical care. Therefore, Requirement (3)(e) is not applicable and was not assessed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)